

## MAB- INTAKE REFERRAL (External)

## Phone 401-235-6878 Fax 401-735-1060

## **Basic Demographic Information**

Patient Name		DOB					
Age	Preferred La	nguage					
Referral from:							
Phone #							
Referring Providers Addre	255						
Is the patient ambulatory	? Yes No						
Has provider reviewed FI	OA EUA with patient (	Bamlanivir	nab)?	Yes	No		
Covid-19 Related Inform	ation_						
Date of symptom onset_	Date of p	oositive tes	st for SAI	RS-CoV2)_			
Is the patient on home or	xygen at baseline?	Yes	No				
<ul><li>If Yes, what is the</li><li>What is the patien</li></ul>	•		_				_L/min
Weight	Height		ВМІ				
Pregnant? Yes	No						
Allergies							
Did roceive current Medi	cation List and Dast N	/lodical His	tory?	Voc	No		

## **AUTHORIZED USE**

The U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) to permit the emergency use of the unapproved product bamlanivimab for the treatment of mild to moderate coronavirus disease 2019 (COVID- 19) in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

Please check if patient has history of any of the following (circle all that apply):
□Age ≥ 65 years
$\square$ Age $\ge$ 55 years AND have at least one of the following conditions:
<ul> <li>Cardiovascular disease</li> <li>Hypertension</li> <li>Chronic obstructive pulmonary disease/other chronic respiratory disease</li> <li>Body mass index (BMI) ≥ 35</li> <li>Chronic kidney disease</li> <li>Diabetes</li> <li>Immunosuppressive disease or receiving immunosuppressive therapies</li> <li>□ 18-54 years AND have at least one of the following conditions:</li> </ul>
<ul> <li>BMI ≥ 35</li> <li>Chronic kidney disease</li> <li>Diabetes</li> <li>Immunosuppressive disease or receiving immunosuppressive therapies</li> <li>12 – 17 years of age AND have</li> </ul>
<ul> <li>BMI ≥85th percentile for their age and gender based on CDC growth charts,</li> </ul>

- BMI ≥85th percentile for their age and gender based on CDC growth charts, https://www.cdc.gov/growthcharts/clinical\_charts.htm, OR o sickle cell disease, OR
- congenital or acquired heart disease, OR
- neurodevelopmental disorders, for example, cerebral palsy, OR
- a medical-related technological dependence, for example, tracheostomy, gastrostomy, or positive pressure ventilation (not related to COVID-19), OR
- asthma, reactive airway or other chronic respiratory disease that requires daily medication for control.